MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF MEAT 23795 Registration District No. Primary Registration District No. Registered No .... 2. FULL NAM (a) Residence, No.... .....St., (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? TTB. mos. ds. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR, 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORGED (write the word) That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 19....Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS If LESS than 1 Date of onset or .....min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... Date deceased last worked at this occupation (month and 11. Total time (years) spent in this Other contributory causes of impor year)..... occupation.... 12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) 13. NAME Name of operation. What test confirmed diagnosis? Was there an autopsy? 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY 23. If death was due to external causes (violence), fill in also the following: Where did injury occur?....(Specify city or town, county, and State) BIRTHPLACE (CITY OR TOWAY) (STATE OR CQUITTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVA Nature of injury..... Was disease or injury in any way related to occupation of deceased If so, specify... 19. UNDERTAKER (Signed)..

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